

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004438 (8)

1. Corporation Name:

RELIANCE MOTION CONTROL, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 6065 PARKLAND BOULEVARD CLEVELAND OH 44124-6106	Mailing Address 6065 PARKLAND BOULEVARD CLEVELAND OH 44124-6106
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1993	3a. Date of Last Report 05/01/1994
		4. FEI Number 31-1331057		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TSVITSE, PETER J 6065 PARKLAND BLVD. CLEVELAND OH 44124-6106	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☒ Change ☐ Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUSEILO, JAMES A 6065 PARKLAND BLVD. CLEVELAND OH	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MERRYMAN, JACK E 6065 PARKLAND BLVD. CLEVELAND OH 44124-6106	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HUTSON, JOHN D 6065 PARKLAND BLVD. CLEVELAND OH	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORTON, WILLIAM R 6065 PARKLAND BLVD. CLEVELAND OH 44124-6106	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☒ Change ☐ Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALLAGHER, WILLIAM C 6065 PARKLAND BLVD. CLEVELAND OH 44124-6106	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Gusello* James A. Gusello, V.P. & Controller 3/30/95 (216) 266-5828
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR